

High School Basketball



The structure of this league will be a competitive In-Town program for Bridgewater and Raritan residents in grades 9, 10, 11 & 12. Teams will be selected and coached by participant team captains. Boys and girls play separately!

Note: Participants of this league cannot play for a BRHS or any other HS basketball team.

Participants & parents will be **emailed start information**, please be sure to print email addresses legibly.

Dates: Games will begin on December 10, 2016 and run through February 25, 2016 (inclusive of playoffs). Games will be played on Saturday afternoons or evenings depending on gym availability and registrations. There will be open gyms for registered players on Friday nights.

Location: Bridgewater-Raritan High School.

Cost: \$70.00 Bridgewater residents and \$80.00 Raritan residents

Checks made payable to "Bridgewater Township"

Registration Deadline: Wednesday, November 30, 2016 by 5:00 p.m. at the Bridgewater Recreation Department. Registration received after 5 p.m. on 11/30/16 will result in a \$20.00 late fee with no guarantees of being placed. If not accommodated, registration fee will be returned.

Three ways to register! In person at the Bridgewater Recreation Department (Municipal Building – 100 Commons Way) 9am to 5pm Monday to Thursday 8am to 5pm Friday, drop registration off in the "REC" mail slot located on the Garretson Road side of the Municipal building before or after office hours, or via postal service.

Bridgewater Recreation Department 100 Commons Way – Bridgewater, NJ 08807
(908) 725-6373 office hours 9am to 5pm Monday to Thursday 8am to 5pm Friday www.bridgewaternj.gov

✂=====✂

2016-2017 High School Basketball

\$70 Bridgewater Residents, \$80 Raritan Residents

\$90 Bridgewater Residents, \$100 Raritan Residents after 11/30

Checks payable to "Bridgewater Township"

Last Name: _____ First Name: _____

Mailing Address: _____ Town: _____ Zip: _____

Home Phone #: () _____ Parent Work #: () _____
Parent Parent E-mail _____

Cell #: () _____ Address: _____

Participant Cell #: () _____ Participant E-mail Address: _____

Circle Grade as of September **2016:** 9 10 11 12

Circle Gender: Male or Female

This is a contact sport. Injuries may occur. Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information. A ten dollar administrative fee will be collected from any refund(s) requested by participants for Bridgewater Township Recreation programs in which fees are payable to Bridgewater Township. If the Department is refunding participants due to a program cancellation then an administrative fee will not be collected. In the case of multiple children from the same household requesting a refund on the same date – there will only be one ten dollar fee charged.



Parent/Guardian Signature

_____/_____/_____
Date